

Targeted Case Management (TCM) Cost Report Checklist For Fiscal Year 2002/2003

Each Local Governmental Agency (LGA) participating in the TCM program is required to submit a cost report identifying the prior year costs of providing TCM services to the Department of Health Services (DHS). To facilitate the DHS review of the TCM cost report, please note that the following information must be included with each TCM cost report.

LGA

Program Name/Target Population

Check each box as appropriate:		
General TCM Cost Reporting Requirements	<input type="checkbox"/> County/City <input type="checkbox"/> Reporting Period <input type="checkbox"/> Program Name <input type="checkbox"/> Cover Letter <input type="checkbox"/> Table of Contents <input type="checkbox"/> Tab and Label <input type="checkbox"/> Supporting Documentation <input type="checkbox"/> Organizational Chart <input type="checkbox"/> Certification Statement <input type="checkbox"/> Time Surveys <input type="checkbox"/> Performance Monitoring Plan	<p>The LGA is accurately identified in the header of the certification statement, and on each Worksheet.</p> <p>The correct fiscal period, i.e., July 1, 2001 to June 30, 2002, is identified in the header of the certification statement, and on each Worksheet.</p> <p>The correct TCM program name, i.e., Public Health, Outpatient Clinics, Public Guardian, Adult and Aging Services/Linkages, Probation, and Community, is listed in the header of each Worksheet and on the Certification page.</p> <p>A Cover Letter explaining any differences from FY 2001/2002 Cost Report is attached.</p> <p>A Table of Contents is included.</p> <p>Each section of the Cost Report is tabbed and labeled.</p> <p>All corresponding documentation is placed behind appropriate Cost Report worksheets.</p> <p>An official organization chart of the LGA is attached identifying the reporting relationship between the organizational unit(s) providing TCM services.</p> <p>A certification statement signed by an appropriate LGA representative, such as a Chief Financial Officer or the TCM Program Administrator, is attached.</p> <p>Included are Time Surveys for September or October 2001. If Time Surveys from September or October 2002 were used, an explanation is provided in the cover letter.</p> <p>A current Performance Monitoring Plan that describes a countywide system to assure non-duplication of services is attached.</p>

	<input type="checkbox"/> Electronic Submittal <input type="checkbox"/> Hardcopy Submittal <input type="checkbox"/> Highlight Figures	<p>An electronic copy (e-mail) of the Cost Report that matches the submitted hardcopy is submitted to elutzenb@dhs.ca.gov.</p> <p>A completed hardcopy of the TCM cost report and supporting documentation will be mailed to the:</p> <p style="text-align: center;">Department of Health Services Medi-Cal Benefits Branch Local & Schools Services Unit Attn: Elizabeth Touhey 714 P Street, Room 1640 Sacramento, CA 95814</p> <ul style="list-style-type: none"> Optional: Emphasize figures that are brought forward from supporting documentation into the Cost Report's Worksheets A–D and Schedules using either of the following methods in the supporting documentation: <ol style="list-style-type: none"> Color-code important figures and similarly color-code the same figures in the worksheets in which they appear. Circle important figures and cite next to them which worksheet or schedule, column, and row the figures will appear. <p>This process is not required this year but will be required for Cost Reports due November 1, 2003.</p>
Worksheet A	<input type="checkbox"/> Supporting Documents <input type="checkbox"/> Budget Documents <input type="checkbox"/> Contract Documents <input type="checkbox"/> Medi-Cal Encounters <input type="checkbox"/> Cost Reclassification	<p>A working trial balance and/or general ledger is attached with costs highlighted to correspond with the figures on Worksheet A.</p> <p>The approved LGA budget is attached, identifying actual expenses for the prior fiscal year.</p> <p>As applicable, copies of specific and non-specific contracts with Non-LGA providers of TCM services are attached.</p> <p>The methodology and rationale for projecting Medi-Cal encounters for fiscal year 2002-03 are attached.</p> <p>The figure in Column 4, line 7 is zero, i.e., the costs reclassified in Column 4, line 4, have been reallocated to "Non-TCM Costs" (Column 4, line 5) and "Overhead" (Column 4, line 6).</p>
Worksheet B	<input type="checkbox"/> Revenue Adjustments <input type="checkbox"/> Revenue Source Identification	<p>All TCM related revenues associated with the budget unit are listed on Worksheet B.</p> <p>All TCM related revenue sources are accurately identified on WORKSHEET B, i.e., all program acronyms are defined.</p>

	<input type="checkbox"/> Revenue Allocation <input type="checkbox"/> Revenue Offset	<p>The methodology used to assign revenues to TCM (Column 2) is described as an attachment to the TCM cost report.</p> <p>The figure for “Total Adjustment” (Worksheet B, Column 2) is accurately reflected as a “Revenue Adjustment” on Worksheet A, Column 1, line 18).</p>
Worksheet C	<input type="checkbox"/> Reclassification Schedules <input type="checkbox"/> Known Cost Increase <input type="checkbox"/> Contract Provisions	<p>The documentation, e.g., Schedules 1.0, 1.1 and 1.2, to support the substantive details of each cost reclassification based on the annual time survey results is attached.</p> <p>As applicable, the “Known Cost Increase” is accurately reported on Worksheet A, Column 1, line 17, and the calculation used to establish the known cost increase is attached.</p> <p>As applicable, the contract provision which mandates the “Known Cost Increase” (the cost of living adjustment and terms) is attached.</p>
Worksheet D	<input type="checkbox"/> Adjustment to Expenses <input type="checkbox"/> Supporting Documentation	<p>As applicable, “one-time only” system costs related to the TCM program or adjustments for specific and non-specific contract costs are identified as an adjustment to expenses on Worksheet D.</p> <p>As applicable, the documentation to explain the adjustment to expenses is attached.</p>

Please sign and date this checklist to indicate the above items have been incorporated in your TCM cost report prior to submission.

Print Name

Signature

Title

Date